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ORIGINAL

**ARROYO WATER COMPANY, INC.**

HC 6 Box 1048-L

Payson, AZ 85541

(928) 474-1766

Fax (928) 474-7812

**Docket Control****Arizona Corporation Commission**

1200 W. Washington St.

Phoenix, AZ 85007

**RE: W-04286A-04-0774****Decision # 70206**

Enclosed for docket is the monthly coliform test results, dated 5/11/2010  
from Test America

Well meter read: 5476970

Thank You,

Athena Mikulak

Arroyo Water Company

Arizona Corporation Commission  
**DOCKETED**

SEP 30 2010

DOCKETED BY

RECEIVED

2010 SEP 30 A 10:10

DOCKET CONTROL

**Arizona Department of Environmental Quality**  
**Total Coliform Rule Distribution System Monitoring**  
 Drinking Water Microbiological Analysis Report

PWS ID Number: AZ0404083	PWS Name: ARROYO WATER CO
Sample Date: 5/11/2010	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 11:45	Phone Number: 928-472-3109

**Repeat Samples Only - Check One**  
**Use if Initial Sample was Positive**

Lab Specimen ID # of Initial Sample

- ☐ Original Location (Distribution System)  
☐ Upstream Location (Distribution System)  
☐ Downstream Location (Distribution System)  
☐ Other Location (Distribution System)  
☐ 4th Repeat "Other" Sample Taken at Well  
 (raw water) if PWS serves 1,000 people or less

Sampling Distribution Site ID:	OR	Well 55-xxxxxx
10 ARROYO WATER CO		55- <input type="text"/> Cl <sub>2</sub> <input type="text"/> mg/L (Not for MRDL reporting)

**Microbiological Analysis (To be filled out by lab personnel)**

Lab Specimen ID	3100 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PTE0657-03	SM9223 B	ABSENT					5/12/2010	13:55	5/13/2010	13:55
					SM9223 B	ABSENT	5/12/2010	13:55	5/13/2010	13:55
Only report below for Ground Water Rule, 4 <sup>th</sup> Repeat "Other" (raw water sample). Must use method that provides E. coli as result.										

**MCL: If system is ≤ 33,000, then MCL is 2 or more total coliform-positive.**

**If system is > 33,000, then no more than 5% of the samples may be total coliform-positive.**

**Laboratory Information (To be filled out by lab personnel)**

Lab Name TestAmerica Phoenix	Lab Certified ID Number: AZ0728
Lab Contact, printed name: Suzanne Glass	Lab Phone Number: (602) 437-3340
Signature: <i>Suzanne Glass</i>	
Date PWS Notified: 5/17/2010	PWS Person Notified: JAMES R HARRELL
<b>Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification.</b>	
Date ADEQ Notified:	ADEQ Person Notified:

Comments:

**Please mail completed form to:**  
 Arizona Department of Environmental Quality  
 Water Quality Data Unit 5415B-1  
 1110 West Washington Street  
 Phoenix, Arizona 85007

**Questions Regarding the Total Coliform Rule:**  
 Call (602) 771-4560  
 within AZ (800) 234-5677 ext. 771-4560

**Arizona Department of Environmental Quality**  
**Total Coliform Rule Distribution System Monitoring**  
Drinking Water Microbiological Analysis Report

PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 5/11/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 10:30	Phone Number: 928-472-3109

**Repeat Samples Only - Check One**  
**Use if Initial Sample was Positive**

Lab Specimen ID # of Initial Sample \_\_\_\_\_

☐ Original Location (Distribution System)  
☐ Upstream Location (Distribution System)  
☐ Downstream Location (Distribution System)  
☐ Other Location (Distribution System)  
☐ 4th Repeat "Other" Sample Taken at Well  
(raw water) if PWS serves 1,000 people or less

Sampling Distribution Site ID:	OR	Well 55-xxxxxx
8 JAKES CORNER WATER SUPPLY		55- <input type="text"/>
		Cl <sub>2</sub> <input type="text"/> mg/L
(Not for MRDL reporting)		

**Microbiological Analysis** (To be filled out by lab personnel)

Lab Specimen ID	3100 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PTE0657-01	SM9223 B	PRESENT					5/12/2010	13:55	5/13/2010	13:55
					SM9223 B	ABSENT	5/12/2010	13:55	5/13/2010	13:55
Only report below for Ground Water Rule, 4 <sup>th</sup> Repeat "Other" (raw water sample). Must use method that provides E. coli as result.										

**MCL:** If system is  $\leq 33,000$ , then MCL is 2 or more total coliform-positive.  
If system is  $> 33,000$ , then no more than 5% of the samples may be total coliform-positive.

**Laboratory Information** (To be filled out by lab personnel)

Lab Name TestAmerica Phoenix	Lab Certified ID Number: AZ0728
Lab Contact, printed name: Suzanne Glass	Lab Phone Number: (602) 437-3340
Signature: <i>Suzanne Glass</i>	
Date PWS Notified: 5/13/2010	PWS Person Notified: JAY HARRELL
<b>Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification.</b>	
Date ADEQ Notified:	ADEQ Person Notified:

Comments:

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**Arizona Department of Environmental Quality  
Total Coliform Rule Distribution System Monitoring  
Drinking Water Microbiological Analysis Report**

PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 5/18/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 16:30	Phone Number: 928-472-3109

**Repeat Samples Only - Check One  
Use if Initial Sample was Positive**

PTE0657-01

Lab Specimen ID # of Initial Sample

- ☒ Original Location (Distribution System)  
☐ Upstream Location (Distribution System)  
☐ Downstream Location (Distribution System)  
☐ Other Location (Distribution System)  
☐ 4th Repeat "Other" Sample Taken at Well  
 (raw water) if PWS serves 1,000 people or less

Sampling Distribution Site ID:	OR	Well 55-xxxxxx
JAKES CORNER WATER SUPPLY REPEAT		PTE0657-01 ORIGINAL
		55- <input type="text"/>
		Cl <sub>2</sub> <input type="text"/> mg/L

(Not for MRDL reporting)

**Microbiological Analysis (To be filled out by lab personnel)**

Lab Specimen ID	3100 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PTE1125-07	SM9223 B	ABSENT					5/19/2010	14:45	5/20/2010	14:45
					SM9223 B	ABSENT	5/19/2010	14:45	5/20/2010	14:45
Only report below for Ground Water Rule, 4 <sup>th</sup> Repeat "Other" (raw water sample). Must use method that provides E. coli as result.										

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**Laboratory Information (To be filled out by lab personnel)**

Lab Name TestAmerica Phoenix	Lab Certified ID Number: AZ0728
Lab Contact, printed name: Suzanne Glass	Lab Phone Number: (602) 437-3340
Signature: <i>Suzanne Glass</i>	
Date PWS Notified: 5/25/2010	PWS Person Notified: JAY HARRELL
<b>Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification.</b>	
Date ADEQ Notified: 5/25/2010	ADEQ Person Notified:

Comments:

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**Arizona Department of Environmental Quality  
Total Coliform Rule Distribution System Monitoring  
Drinking Water Microbiological Analysis Report**

PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 5/18/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 16:30	Phone Number: 928-472-3109

**Repeat Samples Only - Check One**  
**Use if Initial Sample was Positive**  
 PTE0657-01  
 Lab Specimen ID # of Initial Sample

☐ Original Location (Distribution System)  
☒ Upstream Location (Distribution System)  
☐ Downstream Location (Distribution System)  
☐ Other Location (Distribution System)  
☐ 4th Repeat "Other" Sample Taken at Well  
 (raw water) if PWS serves 1,000 people or less

Sampling Distribution Site ID:	OR	Well 55-xxxxxx
JAKES CORNER WATER SUPPLY REPEAT		PTE0657-01 ABOVE
		55- <input type="text"/>
		Cl <sub>2</sub> <input type="text"/> mg/L
(Not for MRDL reporting)		

**Microbiological Analysis (To be filled out by lab personnel)**

Lab Specimen ID	3100 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PTE1125-05	SM9223 B	ABSENT					5/19/2010	14:45	5/20/2010	14:45
					SM9223 B	ABSENT	5/19/2010	14:45	5/20/2010	14:45
Only report below for Ground Water Rule, 4th Repeat "Other" (raw water sample). Must use method that provides E. coli as result.										

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Signature: <i>Suzanne Glass</i>	
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<b>Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification.</b>	
Date ADEQ Notified: 5/25/2010	ADEQ Person Notified:

Comments:

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**Arizona Department of Environmental Quality  
Total Coliform Rule Distribution System Monitoring  
Drinking Water Microbiological Analysis Report**

PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 5/18/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 16:30	Phone Number: 928-472-3109

**Repeat Samples Only - Check One  
Use if Initial Sample was Positive**

PTE0657-01

Lab Specimen ID # of Initial Sample

- ☐ Original Location (Distribution System)  
☐ Upstream Location (Distribution System)  
☒ Downstream Location (Distribution System)  
☐ Other Location (Distribution System)  
☐ 4th Repeat "Other" Sample Taken at Well  
 (raw water) if PWS serves 1,000 people or less

Sampling Distribution Site ID:	OR	Well 55-xxxxxx
JAKES CORNER WATER SUPPLY REPEAT		PTE0657-01 BELOW
		55- <input type="text"/>
		Cl <sub>2</sub> <input type="text"/> mg/L
(Not for MRDL reporting)		

**Microbiological Analysis (To be filled out by lab personnel)**

Lab Specimen ID	3100 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PTE1125-06	SM9223 B	ABSENT					5/19/2010	14:45	5/20/2010	14:45
					SM9223 B	ABSENT	5/19/2010	14:45	5/20/2010	14:45
Only report below for Ground Water Rule, 4th Repeat "Other" (raw water sample). Must use method that provides E. coli as result.										

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Signature: <i>Suzanne Glass</i>	
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<b>Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification.</b>	
Date ADEQ Notified: 5/25/2010	ADEQ Person Notified:

Comments:

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Drinking Water Microbiological Analysis Report**

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Sample Date: 5/18/2010	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 16:30	Phone Number: 928-472-3109

**Repeat Samples Only - Check One  
Use if Initial Sample was Positive**

PTE0657-01

Lab Specimen ID # of Initial Sample

- ☐ Original Location (Distribution System)  
☐ Upstream Location (Distribution System)  
☐ Downstream Location (Distribution System)  
☐ Other Location (Distribution System)  
☒ 4th Repeat "Other" Sample Taken at Well  
 (raw water) if PWS serves 1,000 people or less

Sampling Distribution Site ID:	OR	Well 55-xxxxxx
JAKES CORNER WATER SUPPLY REPEAT		PTE0657-01 WELL
		55- <input type="text"/>
		Cl <sub>2</sub> <input type="text"/> mg/L
(Not for MRDL reporting)		

**Microbiological Analysis (To be filled out by lab personnel)**

Lab Specimen ID	3100 Total Coliform		3013 Fecal Coliform		3014 E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
Only report below for Ground Water Rule 4th Repeat "Other" (raw water sample). Must use method that provides E. coli as result.										
PTE1125-08	SM9223 B	ABSENT			SM9223 B	ABSENT	5/19/2010	14:45	5/20/2010	14:45

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<b>Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification.</b>	
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